Guidelines

For

DASIS
State Contacts

I-SATS

N-SSATS

TEDS

Guidelines for State DASIS Contacts

1. Introduction

The purpose of this manual is to provide a brief description of the DASIS (Drug and Alcohol Services Information System) programs, and to provide guidelines for the State DASIS Contacts. It outlines the State responsibilities and describes the related responsibilities of SAMHSA and its contractors, Synectics and Mathematica Policy Research (MPR).

DASIS is a cooperative program between the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the US Department of Health and Human Services, and State Substance Abuse Agencies to collect and compile a range of substance abuse services information. Each State receives DASIS funding from SAMHSA to help support these activities. For this cooperative program to succeed, SAMHSA relies on State personnel to fulfill certain responsibilities. Each State designates individuals to serve as contacts for the DASIS project. While a single person must be designated as the contact point for each program, a person may be the contact for several programs. To get the names of the current contacts for your state, contact Synectics staff listed in item 5 below, or go to the DASIS Web Site at http://wwwdasis.samhsa.gov and select the "DASIS contacts" button.

The DASIS Web Site is a source of information about all the DASIS programs. It provides the latest DASIS news, current versions of user manuals, and links to other DASIS materials.

2. Background

The DASIS has three major components:

1. The Inventory of Substance Abuse Treatment Services (I-SATS), a national database of all substance abuse treatment programs known to SAMHSA

2. The National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of the substance abuse treatment providers included on the I-SATS, and the Mini N-SSATS, an abbreviated monthly version of the survey for new facilities that begin operating between the annual N-SSATS cycles.

3. The Treatment Episode Data Set (TEDS), a data system containing records on admissions to and discharges from substance abuse treatment (primarily in facilities receiving public funding), collected by the States and submitted to SAMHSA

I-SATS

The I-SATS is an inventory of all substance abuse treatment facilities known to SAMHSA, and includes basic information about each facility. It is the foundation of the DASIS program, and is an integral part of the other DASIS components. It is used as the frame for the N-SSATS and Mini N-SSATS, and as a sampling frame for conducting sample surveys of treatment providers and their clients. Those facilities in the I-SATS that are State-licensed or otherwise approved by the State are included in the *National Directory of Drug and Alcohol Abuse Treatment Programs* and on the Web-based *Substance Abuse Treatment Facility Locator* (found at **http://findtreatment.samhsa.gov).**

States provide Synectics with information to update the I-SATS through the I-SATS On-line and through email, fax and telephone. The I-SATS On-line is a web-based tool for submitting information to the I-SATS, and is found at the DASIS Web Page. States may obtain an ID and password for using the I-SATS On-line by contacting Synectics. As part of this system, States may use the I-SATS Quick Retrieval Service (IQRS) to search the I-SATS for all or some of the facilities in the state. Search results can be viewed on the computer screen, printed or downloaded to the PC in a file.

More information about the I-SATS and guidelines for what constitutes "state approved" facilities are provided in Appendix B.

N-SSATS and Mini-N-SSATS

The N-SSATS is an annual survey of all active treatment facilities included in the I-SATS. Data collected in the survey include facility level information (e.g. organizational characteristics and services provided), and client information (e.g. number of clients served and their characteristics), data on treatment services, and the number of clients served. Information from the survey on services offered and languages accommodated is displayed in the *Directory* and *Treatment Facility Locator*. The Mini N-SSATS is an abbreviated version of the survey conducted monthly by telephone with newly identified state-approved facilities. By responding to the mini-N-SSATS, a facility can be included in the *Treatment Facility Locator* without having to wait for the next annual N-SSATS: To continue being listed, however, facilities must also respond to the annual N-SSATS survey.

MPR has primary responsibility for N-SSATS and Mini N-SSATS operations. The schedule of major N-SSATS activities is provided in appendix A. This schedule is updated before each survey, and transmitted to the State N-SSATS contacts by MPR. The schedule for the most current N-SSATS is also available on the DASIS Web Page along with State-specific response rates.

TEDS

The Treatment Episode Data Set (TEDS) is a compilation of data on treatment admissions and discharges that are routinely collected by States in monitoring their individual substance abuse treatment systems. It primarily includes information on clients admitted to programs that receive State funds. TEDS consists of two separate but linkable data sets on client admissions and discharges. The TEDS admission data set has two components: a minimum data set reported by all States that includes demographic and drug history data, and a supplemental data set that includes more detailed and related data items (detailed drug codes, pregnancy status, marital status, expected source of payment, etc.). States are expected to report all minimum data items and as many supplementary data items as feasible. The discharge data set includes limited information relating to the date and conditions of discharge, and selected information from the corresponding admission record. All States participate in the admission data system. Many States are participating or preparing to participate in the discharge system. All states are expected to begin discharge data submissions by the end of 2003.

Associated with TEDS is the Crosswalk Management System (CWMS). Since each State's data system is unique, the Crosswalk System is used to document the translation of State data items to the standard TEDS data items. Each State works with the TEDS contractor (Synectics) to develop and maintain a Crosswalk that shows in detail how each State data item is mapped to the corresponding TEDS data item. Maintenance of the crosswalk is a critical aspect of the TEDS data system. Current State crosswalks are available to view or download on the DASIS Web Site.

3. State DASIS Contacts and their responsibilities

There are specific tasks and responsibilities associated with each of the major DASIS components. In addition to designating an individual to be responsible for each component, States also designate an overall DASIS manager or contact for all DASIS activities. The names of all current DASIS contacts are available on the DASIS Web Site. States should notify Synectics promptly when there is a change in State DASIS contact personnel. The general role and responsibilities of the State contact for each DASIS activity are described below.

State DASIS Manager

The State DASIS Manager generally has overall responsibility for all of the DASIS programs in the State, and coordinates the activities of the other DASIS Contacts. The DASIS Manager notifies Synectics of changes in State Contacts for the various DASIS components. The DASIS manager is the Contact for issues that cannot be resolved by another Contact, for issues of a crosscutting nature, and for issues involving policy decisions. Synectics keeps the DASIS manager informed of all significant activities through correspondence (including e-mails), and cc's of

correspondence with other DASIS contacts. Completion of the DASIS Annual Report, though directed to the Single State Agency Contact, is often the responsibility of the DASIS Manager. The DASIS Manager is the Contact for the SAMHSA DASIS Regional meetings.

I-SATS Contact

The major function of the State I-SATS Contact is to assist SAMHSA and its contractor, Synectics, to keep the State's portion of the I-SATS current, and to determine which of the I-SATS facilities are approved by the State for inclusion in the *National Directory* and the *Treatment Facility Locator*. States can use the I-SATS On-Line, an Internet-based system, to update the I-SATS. (The I-SATS On-line requires a password available from Synectics, and can be accessed at the DASIS Web Site. The I-SATS On-line Users Manual may be downloaded from the same web site, or is available from Synectics.) See appendix B for more details about the I-SATS.

The State I-SATS Contact is responsible for:

- Adding to the I-SATS all substance abuse treatment facilities newly licensed or approved by the State.

- Changing the status in I-SATS of those facilities that have stopped operations or have lost State approval.

- Updating information for facilities that have changed their name, address, or telephone number.

- Updating information on which facilities report to TEDS, and the dates on which they started or stopped reporting to TEDS.

- Periodically reviewing lists of treatment facilities identified by Synectics from other (non-State) sources, and determining the "approved" status of each (e.g., State-approved facility not yet on I-SATS, not a State-approved facility, etc.).

- Performing the above in a timely manner in order that the I-SATS is keep current and complete.

SAMHSA/Synectics are responsible for:

- Verifying with the State changes to information about a State-approved facility prior to making the change on the I-SATS.

- Processing changes submitted through the I-SATS-on-line in a timely manner.

- Responding promptly to State requests for I-SATS information.

- Developing and maintaining electronic files and systems that are useful to the States and that minimize the effort required for States to maintain their part of the I-SATS system.

N-SSATS Contact

The major function of the State N-SSATS Contact is to assist the data collection contractor, Mathematica Policy Research (MPR), in conducting the annual substance abuse treatment survey, and to review survey results. This contact serves as an important resource for helping to ensure the success of the survey.

The State N-SSATS Contact is responsible for:

- Providing MPR with a State letter of support that is mailed to survey respondents with the survey questionnaire.

- Assisting MPR staff during the survey period when they have problems contacting and surveying facilities. This may include, for example, providing additional information on facilities that can't be reached by phone or mail, identifying facilities that are possible duplicates of other facilities, and identifying facilities related by common ownership.

- Helping to reduce survey non-response by contacting selected non-responding facilities to enlist their cooperation in the survey (e.g., by mail, newsletter, phone or other means).

- Reviewing early versions of data tables and data files to help MPR identify major errors in facility responses (e.g., types of services provided, client counts).

SAMHSA/MPR are responsible for:

- Providing States with sample letters of support.

- Contacting States for assistance with State-specific problems arising during survey (described earlier).

- Contacting States to request assistance with improving the response rate and providing States with lists of non-responding facilities.

- Providing States with draft tabulations, data files, and other materials for their review.

- Responding to State requests for N-SSATS data tabulations and electronic data files.

The specific schedule for these tasks depends on the beginning date for the survey. The schedule for the 2003 N-SSATS is provided in appendix A. Schedules for subsequent surveys will be provided to the State contact by MPR in advance of the surveys, and will be available on the DASIS Web Site. The extent of assistance requested will vary from year to year and from State to State according to the survey outcome and the resources available in the State.

TEDS Contact

The basic role of the TEDS Contact is to convert the State's client level admission and discharge data to the TEDS admission and discharge data sets, and provide the data to Synectics according to an agreed upon schedule. The State data are converted to the TEDS data set according to the State's Crosswalk Plan, following the specifications in the TEDS State Instruction Manual for Admissions and the TEDS State Instruction Manual for Discharges. These manuals may be downloaded from the DASIS Web Site, or are available from Synectics. The TEDS Contact (or designated MIS staff) works directly with the Synectics' TEDS staff to resolve any data problems, and to assure that the State's data are of the highest quality.

Maintenance of the State Crosswalk Plan is included in the TEDS Contact's responsibilities, though this may be done by another person in some States. The TEDS Contact must be familiar with the Crosswalk and assure that specifications in the Crosswalk are accurately reflected in the TEDS data preparation program. The TEDS contact must monitor changes in the crosswalk, and assure that such changes are appropriately reflected in the TEDS data. The current State crosswalks are available on the DASIS Web Site.

The State TEDS Contact is responsible for:

- Reading and understanding the TEDS State Instruction Manual for Admissions and the TEDS State Instruction Manual for Discharges.

- Establishing the TEDS Crosswalk and keeping it current by notifying Synectics of any change in State data collection methods or change to State admission or discharge data items.

- Reviewing the Crosswalk at least annually for accuracy and completeness and working with the Synectics' TEDS staff to update the Crosswalk as needed.

- Converting State data to TEDS data according to the Crosswalk Plan, following the data definitions, codes, and formatting specifications described in the State Instruction Manuals referenced above. Assuring that submitted data meet the standards and requirements described in the manuals.

- Providing TEDS data to Synectics on a regularly scheduled basis. Informing Synectics when a data submission will be late, and giving an estimate of when the late submission will be sent.

- Reviewing TEDS processing summary reports, making corrections and resubmitting data as needed. Working with Synectics TEDS staff to resolve data quality and processing problems.

- Reviewing TEDS Quarterly Feedback Reports to assure that the State's TEDS data are equivalent to the corresponding State data.

- Maintaining computer code used to create TEDS data files so that State data are converted to TEDS data according to Crosswalk specifications.

- In cooperation with the I-SATS Contact, assuring that the correct TEDS reporting status and reporting dates are entered in the I-SATS for all facilities participating in TEDS. Regularly updating this information for all facilities beginning or ending TEDS data reporting.

SAMHSA/Synectics are responsible for:

- Providing assistance to the State as needed to assure timely submission of TEDS data.

- Processing State data submissions promptly and returning files to State, usually within 3 working days.

- Providing processing summary report for each data submission and assisting States in interpretation of report, correction and resubmission of data as needed.

- Providing quarterly feedback reports. Reviewing reports and notifying States of any unusual finding.

- Assisting States in updating their Crosswalks when needed.

- Responding promptly to all State inquiries.

SSA Contact

The Single State Agency Contact is the Director of substance abuse services for the State, or his/her designee. This person is the primary Contact for the DASIS federal-State agreement, and signs the annual DASIS State agreement document so that the State can receive its DASIS funds from SAMHSA. The DASIS Annual Report is sent to the SSA, although actual completion of the report is often delegated to the DASIS Manger. The SSA is contacted regarding major policy

issues and is kept apprized of major DASIS activities through cc's of correspondence with the DASIS Manager. The SSA determines the appropriate State Substance Abuse Agency information to be displayed in the *National Directory of Drug and Alcohol Abuse Treatment Programs* and on the *Substance Abuse Treatment Locator* web site (telephone numbers, web site addresses, etc.).

4. Communication with SAMHSA, Synectics, and MPR

Staff of Synectics, MPR and SAMHSA are available during regular working hours to discuss DASIS issues and answer your questions. You are invited to telephone, fax or email any staff member when the need arises. Current DASIS News will be sent to States via email as the need arises, and will be posted on the DASIS Web Site. We encourage you to give us your comments and suggestions on any DASIS issue.

We hope that you, the State DASIS Contacts, will feel free to get in touch with any of the SAMHSA or contractor personnel listed on the last page of this guide whenever you have questions, problems, or issues you would like to discuss.

5. DASIS Contractor and SAMHSA Contacts

I-SATS

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Appendix A

Schedule of Tasks for the

2003 N-SSATS

N-SSATS Task	Field Period 2003
MPR contacts state representatives regarding their state N-SSATS endorsement letter	Late January
First N-SSATS questionnaire mailing	Late March
Web version of N-SSATS questionnaire accessible on-line	Late March
Reminder letters sent out to facilities	Mid April
Begin sending response rate tables to state representatives every month. Tables will indicate number of facilities per state that returned a completed questionnaire	Mid May
Second questionnaire mailing	Late May
Begin reminder calls to those facilities that have not returned their questionnaire	Late June
Send state representatives an email offering a file that lists which facilities did not return their N-SSATS questionnaire	Late June
Telephone interviewing starts. Begin calling facilities whose questionnaire has not been received and asking them to conduct survey over the telephone.	Late July
Data collection ends	Early October

Appendix B

About the I-SATS

The I-SATS is a national inventory of substance abuse treatment facilities maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) in cooperation with the States. It is the goal of SAMHSA to include on the I-SATS all private and public facilities in the United States that provide substance abuse treatment.

A. Purpose of the I-SATS

The I-SATS serves three major purposes:
1. It is the source of national data on the number and location of substance abuse treatment facilities.
2. It is the frame for the annual N-SSATS and monthly Mini N-SSATS, and a sampling frame for other special studies of substance abuse treatment.
3. It is the basis of the *National Directory of Drug and Alcohol Abuse Treatment Programs* and the on-line *Substance Abuse Treatment Facility Locator*.

To best serve these purposes, it is SAMHSA's objective to make the I-SATS as current and comprehensive as possible. Therefore, the I-SATS is updated continuously using information received from a variety of sources. In an effort to bring State to State uniformity to the I-SATS listings, we provide below guidelines on what should and should not be included in the I-SATS, where information for I-SATS updates comes from, how update information is processed, and what is meant by a "State-approved" facility.

B. Facilities Included on I-SATS

As a rule, to be included in the I-SATS a facility must provide substance abuse treatment services. While there are some non-treatment[1] facilities on the I-SATS, it is comprised primarily of facilities that directly provide substance abuse treatment. "Treatment" includes any of the following services or programs:

- Inpatient or residential rehabilitation services
- Outpatient rehabilitation services
- Detoxification services

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[1] Substance abuse facilities that do not provide treatment, such as those providing only prevention or administrative services, may be included on the I-SATS at the State's request. These facilities are generally included on the I-SATS because a) the facility is an administrative unit of other I-SATS treatment facilities, or b) the State wants the facility to have an I-SATS number for block grant or other reasons. Non-treatment facilities on the I-SATS are not included in the N-SSATS, the *Directory* or *Treatment Facility Locator.*

- Opioid Treatment Programs (methadone / LAAM maintenance)
- DUI / DWI programs that include treatment
- Halfway house services that include treatment [2]

These treatment services may be provided in a private or publicly owned/operated facility in any setting, including the following:

- Hospital
- Residential facility
- Outpatient facility
- Mental health facility with substance abuse treatment program
- Other kind of clinic or facility with substance abuse treatment program

In order to serve the three purposes listed above, it is important that the I-SATS include each location or site at which treatment services are provided. Frequently, a single organization will provide treatment services at multiple sites. These administratively-linked facilities should be entered on the I-SATS individually, regardless of whether they are considered as a single facility or as several facilities by the State. For example, if a single State license is issued to an organization that operates treatment facilities at several locations, each of the locations should be listed on the I-SATS. Similarly, if a State contracts for treatment services with an organization that operates multiple treatment sites, each treatment site should be included in the I-SATS.

Separate entries on I-SATS for each facility location provides users of the *Directory* and *Facility Locator* with the maximum number of options when seeking treatment. During the N-SSATS, each location will be asked to provide data if that is feasible, but a central location can provide data for subsidiary locations when that is necessary.

C. Facilities not included on I-SATS

Substance abuse facilities generally not included on the I-SATS, except at the request of the State, include:

- Prevention only programs
- DUI/DWI education programs that do not include treatment
- Facilities that provide administrative services only
- Private (solo) practitioners [3]
- Programs in jails, prisons and detention centers
- Programs serving incarcerated clients only
- Temporary/transient programs

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[2] Halfway houses without treatment services may also be included in the I-SATS. As a public service, these facilities will be listed in the *Directory* and *Locator* with no service codes so it is clear they do not provide treatment services.

[3] While private (solo) practitioners are not generally included in the I-SATS, when a State chooses to include such practitioners, they will be treated as "facilities" for purposes of the N-SSATS, Directory and Locator.

D. "State-Approved"

Treatment facilities on the I-SATS are classified as either "State-approved" or "non-State-approved". This distinction determines which facilities are included in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and Web-based *Substance Abuse Treatment Facility Locator* (http://findtreatment.samhsa.gov).   Only "State-approved" facilities are eligible for inclusion in these two treatment resources.

The definition of "State-approved" may vary from State to State since each State sets its own criteria for "approved" and makes its own decision as to whether an individual treatment facility will be designated as approved or not. Generally, the State Substance Abuse Agency (SSA) should designate as "State-approved" all facilities that it funds, licenses, certifies, regulates, contracts with or otherwise recognizes as a provider of substance abuse treatment services. The SSA, however, is encouraged to designate as "approved" all treatment facilities that it deems appropriate for inclusion in the *National Directory* and *Facility Locator* so that the public has access to information on the widest possible array of treatment options. For example, the State is encouraged to "approve" substance abuse treatment facilities that are licensed, operated or regulated by other State agencies or accredited by organizations such as JCAHO, CARF, etc. In the case of administratively-linked facilities (as described above), when one facility is State-approved, States are encouraged to designate linked facilities as approved when the SSA believes that is appropriate.

State-approved, as used in the context of the I-SATS, does not imply recommendation or endorsement of the facility or its programs by the State. It does, however, imply that the State has sufficient knowledge of the facility and its substance abuse treatment program to believe it is appropriate to include the facility in a public listing of available treatment resources.

In addition to the facilities that the State SSA designates as "approved", SAMHSA will also include in the National *Directory* and *Treatment Facility Locator* two other types of facilities.

1. Facilities that are operated or monitored by the Federal Government will be included, regardless of their State-approved status. For example, SAMHSA-accredited OTP's (Opioid Treatment Programs that use drugs such as methadone or LAAM in the treatment of narcotic addiction), and programs operated by the Department of Veterans Affairs and the Department of Defense will be included in the *National Directory* and *Treatment Facility Locator*.

2. Facilities licensed to provide substance abuse treatment by a State agency other than the State SSA will be included regardless of their "state approval" status, unless the SSA specifically requests their exclusion.

E. I-SATS Maintenance

Keeping the I-SATS current and correct is a constant process that requires careful coordination among the States, Synectics and MPR. Facility information changes frequently and sources of update information vary in the accuracy and timeliness of their data. To minimize errors and resolve conflicting information, many facility changes are confirmed before being added to the I-SATS database. The result is a steady flow of information to and from Synectics, MPR and the various sources of I-SATS information.

Sources of I-SATS update information

There are three major sources of I-SATS update information:

1. **State substance abuse agencies** - State representatives provide information through the I-SATS On-line and by fax, email, and telephone. There is considerable variation in the frequency of state updates, but most states are able to provide updates on a monthly basis. States are the major source for new facilities, and provide name, address and other changes as well. States are the sole determinant of whether a facility is "state-approved."

2. **N-SSATS and mini N-SSATS data collection feedback** - During the survey process, many changes in facility information are determined from survey responses and from post office return forms. During a typical N-SSATS, more than half of the respondents report some change in name, address, or phone number. Respondents also provide information on "new" facilities, usually other facilities with the same ownership that were not sent questionnaires.

3. **Individual treatment facilities** - Synectics is contacted frequently by individual providers, usually because the provider wants to be added to the Directory and the Treatment Facility Locator, or because they want to update information in those resources.

Verification of update data

Having erroneous data in the I-SATS causes significant data collection problems in the N-SSATS, and results in public display of incorrect information in the *Directory and Treatment Facility Locator*. Therefore, all information received by Synectics to update the I-SATS, is reviewed by I-SATS technical staff before any change is accepted. In some situations, the data provided for updates is confirmed by a second source. Some information provided by states, for example, is confirmed with the facility. States are notified of virtually all facility changes resulting from the N-SSATS respondents and individual providers. Changes are sent to the state for confirmation and/or to provide the state with the new information.

The general process for reviewing update data varies according to the source and circumstances as follows:

State submitted update information

1. **New facility** - When information on a "new" facility is received from a State, the I-SATS staff searches the I-SATS database for a possible duplicate. If none is found, the facility is added to the database. If an identical or nearly identical name or address is found, the State and facility may be contacted to determine whether or not the "new" facility is a duplicate of one already on the I-SATS. When a new facility is added to the I-SATS, it should have a name and address that clearly distinguishes it from other facilities in the I-SATS. When necessary, the I-SATS staff will work with the State and the facility to modify the name and/or address to eliminate the appearance of duplication. New facilities submitted by the States and accepted by the I-SATS technical staff are always added to the I-SATS as State-approved.

2. **Facility closure** - States inactivate ("close") a facility for various reasons. In some instances, the facility may still provide treatment services. In some States, for example, the State may "close" a facility in the I-SATS because it no longer has a license, but it may be legally permitted to continue providing services. For this reason, a facility closed by a State is contacted to determine if it is still providing treatment services. If it reports that it is, the facility remains active on the I-SATS, but its State-approved status is changed to "non-State-approved." Such a facility will be included in future N-SSATS, but will be removed from the *Locator* and will not be included in the next *Directory*. The State is notified of our findings and action and, if requested, the State is provided with the name and phone number of the person providing the facility information.

3. **Name, address, or other change** - Facility name and address changes submitted by a State are generally verified with the individual facilities. (This applies to substantive changes, not minor wording or format changes).   If the facility confirms the information submitted by the State, the I-SATS is updated. If the facility reports a different change than that submitted by the State, the I-SATS is updated with the information provided by the facility. If the facility reports that the information currently in the I-SATS is correct and that the change submitted by the State should not be made, the I-SATS is not updated. In the last two scenarios, the State is informed that we made a different change than the change they requested or that we did not change the information that they requested, as directed by the facility. When this occurs, the State is provided with the name and telephone number of the person at the facility who provided the information, and the facility's I-SATS ID number. Due to the high volume of facility changes processed by the I-SATS staff, it is not feasible to provide the State with all of the facility information but, with the ID number, the State easily can review the facility data using the IQRS.

N-SSATS data collection information

1. **New facility** - Facilities identified during the N-SSATS are added to the I-SATS, if it is determined that they are not duplicates of facilities already on the I-SATS. Such facilities are classified as non-State-approved, and their information is sent to the State for a determination of whether they should or should not be classified as State-approved. If the State informs us that the facility is a duplicate of an existing facility (a duplicate that the I-SATS technical staff did not catch) or that the facility does not provide treatment services, the facility is "closed" on the I-SATS.

2. **Facility closure** - Facilities found to be out of business, duplicates of another facility on the I-SATS, or no longer providing treatment services are "closed" on the I-SATS, with the appropriate reason for closure indicated. If the facility was classified as "State-approved," the State is informed of the closure if the State has asked to be informed of closures. (States are not automatically informed of facility closures, but may request to be informed). Closures are easily identifiable to the States through periodic searches of the I-SATS using the IQRS.

3. **Name, address, or other change** - Name and address changes reported by the facility are used to update the I-SATS after it is determined that the new name or address is not currently on the I-SATS (to avoid duplicates). Possible duplicates are researched by contacting the facility and/or the State. As with facility closures, States are informed of the name and address changes if the State has so requested.

Individual provider information

1. **New facility** - Facilities contact us directly and request to be added to the *Locator* or *Directory*. If the facility representative states that they provide substance abuse treatment services, and we determine that the facility is not already in the I-SATS, the facility is added to the I-SATS as a "non-State-approved" facility. The State is then notified of the facility action and requested to classify the facility as "State-approved" or not. If the facility is classified as State-approved, it is included in the next Mini N-SSATS or the annual N-SSATS, whichever comes first. Upon completion of the N-SSATS questionnaire, the facility may be added to the *Locator* and *Directory* at the next update of those files. If the facility is not State-approved, it remains on the I-SATS and is included in the next annual N-SSATS, but is not included in the *Directory* or *Locator*. Since non-State-approved facilities are never made public, there is no advantage for a facility to seek addition to the I-SATS under false pretenses.

2. **Facility closure** - Closures reported directly by a facility are handled in the same manner as closures determined during the N-SSATS as described above.

3. **Name, address, or other change** - Name and address changes reported directly by a facility are handled in the same manner as changes determined during the N-SSATS as described above.

F. Updates of the Treatment Facility Locator and Directory

The *Directory* and the *Treatment Facility Locator* include State-approved facilities that provide treatment and respond to the N-SSATS. The *National Directory* is published at the end of each annual N-SSATS using the most current information available at that time. As a published document, it is not updated again until it is published after the next year's survey, though an errata sheet is sometimes issued approximately 6 months after publication with corrections and changes. The *Treatment Facility Locator* is updated on a monthly basis. Facility updates are made and closed facilities are removed monthly. Newly identified State-approved facilities are surveyed in the N-SSATS or Mini N-SSATS, whichever comes first. Once the N-SSATS data are received, the facility is added to the *Locator* at the next monthly update. Similarly, N-SSATS respondents that are changed from non-State-approved to State-approved are added to the *Locator* in the next monthly update.

G. Special Situations:

More than one facility operating at the same address - On occasion, two or more independently operated facilities will share the same address. In order to avoid duplicate listings, we will always verify these cases. In the I-SATS listing for such places, clearly distinguishing names are essential. In many cases, the addresses also can be distinguished by adding unit, room, floor or suite numbers.

Multiple units in the same facility - Some facilities have multiple treatment units at one location that may be licensed independently, or that the facility or the State wishes to have identified as separate treatment facilities. If the names are the same, distinguishing among them can be confusing. As with multiple facilities at one address described above, it is important that the 2 name fields are used to provide distinguishing names. When feasible, the addresses should also be distinguishable through the use of a unit name or number, floor, room, suite or other distinguishing information.

State's official or license name is different than the "common" name - I-SATS allows for 2 "common" names and 2 "legal" names. The name(s) the facility wants to be known by is entered in the "facility name" field(s)", and the official, legal name used by the State, when different, is entered in the "legal name" field(s). The common names are displayed in the *Directory* and *Facility* Locator. When a State knows about facilities that use a name other than their legal or licensed name, such information should be provided to the I-SATS technical staff. Facilities known by the I-SATS staff to have legal names different than their common name can be viewed by using the output of the IQRS.